PE		IVVID	- resido) riva	MOUTH TWP		/	
Complete and send to	his form, together wit		or Fax	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	r Patents inia 22313-1450	C	
INS NEW TIONS THE for appropriate THAN THE CORRESCION OF THE MAINTENANCE FOR THE MAINT	selow or directed otherwise	smitting the ISSUI Patent, advance ord in Block 1, by (a)	E FEE and PUBLI lers and notification specifying a new of	CATION FEE (if requi of maintenance fees w correspondence address;	red). Blocks 1 through 5 s rill be mailed to the current and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
28165 75 S.C. JOHNSON 6 1525 HOWE STRE RACINE, WI 5340 09/02/2005 CNGUYEN1 0 01 FC:1501 1400	E ADDRESS (Note: Use Block 1 for 590 06/13/2005 & SON, INC. EET 13-2236			Fee(s) Transmittal. Thi papers. Each additional have its own certificate Cer I hereby certify that the States Postal Service waddressed to the Mai	is certificate cannot be used I paper, such as an assignm of mailing or transmission.  tificate of Mailing or Transis Fee(s) Transmittal is beir with sufficient postage for fill Stop ISSUE FEE address: TO (703) 746-4000, on the chner	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile	
A PRI LOA TIONI NO	FILING DATE	F	FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
APPLICATION NO.			James A. Limbu		J-3684	7622	
10/608,199 TITLE OF INVENTION: F.	06/27/2003 LAMELESS CANDLE		James A. Limbu	*6			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE F	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300 \$1700		09/13/2005	
EXAM	MINER	ART UNI	Tr C	CLASS-SUBCLASS	J		
· TSIDULK	O, MARK	2875		362-096000			
CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  ASSIGNEE NAME AND	tion (or "Fee Address" Indic or more recent) attached. Us DRESIDENCE DATA TO E	Correspondence ation form e of a Customer BE PRINTED ON T	(1) the names of or agents OR, alt (2) the name of a registered attorne 2 registered pate: listed, no name v HE PATENT (print	for printing on the patent front page, list the names of up to 3 registered patent attorneys agents OR, alternatively, the name of a single firm (having as a member a gistered attorney or agent) and the names of up to egistered patent attorneys or agents. If no name is ed, no name will be printed.  ATENT (print or type)			
PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN	s an assignee is identified b a 37 CFR 3.11. Completion	elow, no assignee of of this form is NOT	data will appear on a substitute for fili	the patent. If an assigning an assignment.  TY and STATE OR CO		document has been filed for	
		ζ=.	,		•		
S.C. JUHNS	ON & SON, INC.		Racine, W	1			
Diagon chools the appropriate	e assignee category or catego	ries (will not be pri	inted on the patent)	: Individual 🖎 C	Corporation or other private s	group entity 🚨 Government	
4a. The following fee(s) are			. Payment of Fee(s)			<del>-</del>	
<b>∑</b> Issue Fee				amount of the fee(s) is en			
Publication Fee (No small entity discount permitted)				dit card. Form PTO-2038 is attached.			
Advance Order - # o	f Copies	<del></del>	The Director is Deposit Account N	hereby authorized by cumber 10-0849	charge the required fee(s), o	or credit any overpayment, to copy of this form).	
	s (from status indicated abov SMALL ENTITY status. See	e)			LL ENTITY status. See 37		
The Director of the USPTO	is requested to apply the Iss Publication Fee (if required) ords of the United States Pa	ue Fee and Publicat	tion Fee (if any) or the from anyone other Office.	to re-apply any previous than the applicant; a reg	ly paid issue fee to the appli sistered attorney or agent; or	cation identified above. the assignee or other party in	
Authorized Signature	Kristin L.C	hapman		Date A	ngust 29 20.	05	
Typed or printed name _	Kristin L. Ch	apman		Registration	0 n No. 38,102		
an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	lity is governed by 35 U.S.C. pplication form to the USP is for reducing this burden, spinia 22313-1450. DO NOT	C. 122 and 37 CFR TO. Time will vary should be sent to the SEND FEES OR O	depending upon the Chief Information	n is estimated to take 12 e individual case. Any c Officer, U.S. Patent and MS TO THIS ADDRES	comments on the amount of trademark Office, U.S. D. S. SEND TO: Commission	and by the USPTO to process ding gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450 rol number.	

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTO/SB/21 (09-04)

ר ا اعتادة المعلقة المعادة الم Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE r the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Application Number** 10/608,199 TRANSMITTAL Filing Date June 27, 2003 First Named Inventor **FORM** James A. Limburg Art Unit 2875 **Examiner Name** Mark Tsidulko (to be used for all correspondence after initial filing) Attorney Docket Number J-3684 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)								
Fee Tra	Fee Transmittal Form Fee Attached		Drawing(s)		After Allowance Communication to TC			
			Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences		
Extension  Express  Informati	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks			eal Communication of Notice, Brief, in the Information of State of	Reply Brief) on olease Identify	
Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		IF THERE IS ANY FEE INVOLVED, PLEASE CHARGE OUR DEPOSIT ACCOUNT NO. 10-0849.						
	SIGNA	TURE	OF APPLICANT, ATTORNE	EY, OR	RAGENT			
Firm Name	S.C. Johnson & Son, Inc.							
Signature	Signature Kritin L. Chapman							
Printed name	Printed name Kristin L. Chapman							
Date August 2		Reg. No.		No.	38,102			
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:								
Signature / Myan & Suchree								
Typed or printed name Suzan E. Lechner Date August 30, 2005								

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1700

1 Under	Panerwork Reduction	Act of 1995	no persons are requ	ired to re	U.S. Paten soond to a collection	it and Trac	demark Office; U.S. D mation unless it displa	EPARTMENT OF COMMERCE vs a valid OMB control number		
<b>( E</b> /	Effective	oction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number of 12/08/2004.  Complete if Known								
Fees Frank to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number 10/608,199					
FEE TRANSMITTAL					Filing Date		June 27, 200	03		
For FY 2005					First Named In	ventor	James A. Lir	mburg		
Applicant claims small actifus status. See 27 CER 1.27					Examiner Nam	е	Mark Tsidulk	rk Tsidulko		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2875				
TOTAL A	MOUNT OF PAYM	ENT (\$)	1700		Attorney Docke	t No.	J-3684			
METHO	METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):										
<b>✓</b> Depo	osit Account De	osit Accoun	t Number: <u>10-08</u> 4	49	Deposit A	ccount Na	ame: S.C. John	son & Son, Inc.		
Fo	r the above-identifie	ed deposit	account, the Direct	or is her	eby authorized to	: (check	all that apply)			
	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Ī			(s) or underpaymer	nts of fee	e(s) Credi	t anv ove	erpayments			
L WARNING:	under 37 CFR		.17 ecome public. Credit	card info		•		Provide credit card		
	and authorization o	n PTO-2038								
FEE CAI	LCULATION							<del></del>		
1. BASIC	; FILING, SEAR	H, AND I FILING I	EXAMINATION I		CH FEES		MINATION FEES			
	=	<u>s</u>	mall Entity		<b>Small Entity</b>		<b>Small Entity</b>			
	ation Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee		Fees Paid (\$)		
Utility		300	150	500	250	200		•		
Design	1	200	100	100	50	130	••			
Plant		200	100	300	150	160	80			
Reissu	ıe	300	150	500	250	600	300			
Provis	ional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues)							Fee (\$) 50	Small Entity Fee (\$) 25		
Each independent claim over 3 (including Reissues)							200 360	100		
Multiple dependent claims  Total Claims  Extra Claims  Foo (\$)  Foo Boid (\$)								180		
Total Claims Extra Claims Fee (\$) Fee Paid (\$)  - 20 or HP = x =						Fee (\$)	ependent Claims Fee Paid (\$)			
HP = hig	hest number of total c	aims paid fo					1 66 (4)	1001 414 141		
Indep. C		Extra Clain		Fee	Paid (\$)					
	3 or HP =		_ x	=						

HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Utility Issue Fee and Publication Fee SUBMITTED BY Registration No. 38,102 Telephone 262-260-2722 Signature Name (Print/Type) Kristin L. Chapman

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.